



# Annual Benefits Guide

## 2008 Plan Year

### for Arkansas State Retirees

Provided by



Employee Benefits Division  
Department of Finance & Administration  
STATE OF ARKANSAS



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## What's New for 2008?

### ARHealth Moves Into It's 2nd Year

One of the most significant changes to the retiree health plan happened last year with the transition to a single plan design. This new plan, called ARHealth Retirees, helped to streamline the Plan and reduce confusion and administrative costs. Since ARHealth Retirees became effective in January 2007, not much has changed for the members.

A summary of this year's changes are listed below:

- *Increased co-pay for Preferred (Tier II) Prescription Drugs to \$30 and \$60 for Non-Preferred (Tier III) Prescription Drugs*
- *Increased co-insurance for many of the covered services*
- *Increased the out-of-pocket maximum for a family from \$1,500 to \$2,000*
- *Removed the two basic dental cleanings per year*
- *Removed the one vision screening every other year*
- *Increased out-of-network co-insurance to 40%*
- *Added co-pay for certain radiology services such as MRI, PET, CAT, and MRA*
- *Added new Utilization Management services through American Health Holdings*

Although it may seem like a lot of changes, these items had a significant impact on the monthly premiums and helped to keep offset much of the anticipated rate increase.

Please take a few minutes to review the schedule of benefits carefully to see how the new changes may impact how you access and pay for certain medical services.

*\*Medicare-primary public school retirees do not have prescription benefits under this program.*

## What Changes Can I Make During Annual Enrollment?

### What's Annual Enrollment?

The month of October has been designed as the Annual Enrollment period for the ARHealth Retirees plan and members are allowed to make certain changes without the need for specific qualified life events.

If you are able to make any change during this time, you must do so by completing the necessary forms, either by paper form or on-line, before the deadline. Otherwise, you may have to wait till next year to make the change.

- ✓ *If you and your spouse are both either a Public School Retiree or a State Retiree and you are on separate plans, you can make the change to be added to your spouse's plan. One time change allowed.*
- ✓ *If you are drawing a retirement annuity from both Public School Retirement and State Retirement, you can make a switch to the other plan at this time. One time change allowed.*
- ✓ *During the plan year if you are a Public School Retiree and you lose your pharmacy benefit due to Medicare entitlement, you can change to the State Retiree plan if you are drawing a state annuity in addition to your public school annuity.*
- ✓ *You cannot add dependents at Open Enrollment. In order to add a dependent to your coverage, they must have experienced a qualifying event and Employee Benefits Division must have a Waiver on file as to why you did not cover them on your insurance at the time of retirement.*

# Who Can Help With Questions?

## Contact Numbers for the ARHealth Plans

Self Funded



### **Health Advantage** (ARHealth)

P.O. Box 8069  
Little Rock, AR 72203  
Phone: (800) 482-8416  
E-mail: customerserviceASE@arkbluecross.com  
Web: www.healthadvantage-hmo.com

### **NMHC** (Prescription Coverage: ARHealth & ARHealth HD PPO)

320 Executive Court Dr., Suite 201  
Little Rock, AR 72205  
Phone: (800) 880-1188  
Web: www.nmhc.com

### **EBRx\*** (Pharmacy Prior Authorization and Appeals)

UAMS College of Pharmacy: AR EBD Appeal  
4301 W. Markham, Slot 522-9  
Little Rock, AR 72205  
Phone: (866) 564-8258

**\*Requires physician contact**

### **Minnesota Life** (Life Insurance)

Group Insurance  
400 Robert Street North  
St. Paul, MN 55101-2098  
Phone: (800) 843-8358 (Customer Service)  
Phone: (888) 658-0193 (Claims)  
Fax: (651) 665-4827  
Web: www.minnesotalife.com

### **NMHC Mail** (Mail Order Pharmacy)

P.O. Box 407096  
Fort Lauderdale, FL 33340-7096  
Phone: (800) 881-1966  
Web: www.nmhcmail.com

### **American Health Holding, Inc. (AHH)** (Medical Utilization Review)

100 W. Old Wilson Bridge Road, Third Floor  
Worthington, OH 43085  
Phone: (888) 211-3127  
Fax: (614) 396-0532  
Web: www.americanhealthholding.com

### **Corphealth / Star EAP** (Behavioral/Mental Health & Substance Abuse)

10816 Executive Center Drive, Suite 206  
Little Rock, AR 72211  
Phone: (866) 378-1645  
E-mail: customerservice@corphealth.com  
Web: www.corphealth.com

### **Employee Benefits Division (EBD)**

General Benefit Information & Assistance

#### **Mailing Address:**

P.O. Box 15610  
Little Rock, AR 72231-5610

#### **Physical Address:**

501 Woodlane Street, Suite 500  
Little Rock, AR 72201  
Phone: (877) 815-1017  
Phone: (501) 682-9656  
E-mail: AskEBD@ARBenefits.org  
Web: www.ARBenefits.org


# What Does ARHealth Cover for Medicare Primary Retirees?

## Arkansas State Retirees with Medicare Primary

Medicare Does Not Pay	ARHealth Covers
<b>Part A Hospital Services</b>	
Inpatient hospital deductible each benefit period	ARHealth pays the deductible
Copayment per day for days 61-90 in a hospital	ARHealth pays the copayment per day
Copayment per day for days 91-150 (Lifetime Reserve)	ARHealth pays the copayment per day
100% of Medicare - Allowable expenses for additional 365 days after Medicare hospital benefits stop completely	ARHealth pays
Calendar year blood deductible (First 3 Pints of Blood) if deductible is not met by the replacement of blood	ARHealth pays
Copayment per day for days 21-100 in a Skilled Nursing Facility	ARHealth pays the copayment per day
<b>Part B Physician and Medical Services</b>	
Part B deductible	ARHealth pays the deductible
Normally 20% of Medicare-approved amount (Part B Coinsurance) and 20% of Medicare-approved charges for Durable Medical Equipment (After Part B Deductible Is Met)	ARHealth pays 20% of the Medicare-approved amount
Medicare Part B excess charges 100% (This benefit would apply when you receive services from a physician that does not accept Medicare assignment.)	ARHealth pays 100% of the Part B excess charges when you receive services from a physician that does not accept Medicare.
<b>Additional Benefits Not Covered by Medicare</b>	
Basic outpatient prescription drug benefits	Covered with NMHCRx




# What Does ARHealth Cover for Non-Medicare Retirees?

 Apple Icon indicates Wellness Benefit

2008 Plan Year - Schedule of Benefits			
Covered Benefits and Services*	ARHealth		
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance
<b>Allergy Services</b>			
Injection with no office visit	\$0	10%	40%
Services by Specialty Providers (office visit & testing)	\$35	10%	40%
<b>Ambulance Services</b>			
Ground or Air Ambulance Transportation	\$0	0%	40%
* Limited Benefit: \$1,000 per member per plan year but does not include charges for emergency medications administered during transport			
<b>Behavioral / Mental Health &amp; Substance Abuse Treatment Services</b>			
* See Behavioral / Mental Health and Substance Abuse Treatment Care Services section of this Annual Benefits Guide or in your Summary Plan Description (SPD)			
<b>Dental Care Services</b>			
Repair to non-diseased teeth due to accident/injury	\$35	10%	35%
Coverage is provided for the following dental services in an outpatient setting:			
<ul style="list-style-type: none"> <li>* Treatment and x-rays necessary to correct damage to non-diseased teeth or surrounding tissue caused by an accident or Sjogren's Syndrome occurring on or after effective date</li> <li>* Treatment or correction of a non-dental physiological condition caused by Sjogren's syndrome</li> <li>* Injury that has resulted in severe functional impairment</li> <li>* Treatment for tumors or cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof and floor of the mouth</li> <li>* Removal of impacted or partially impacted wisdom teeth</li> <li>* Pre-treatment dental services in connection with treatment of cancer of the head or neck</li> </ul>			
<b>Diabetes Management Service</b>			
Insulin Pump & Supplies	\$0	20%	40%
Glucometers & Supplies	\$0	20%	40%
Diabetic Self Management Training	\$25 per Program	0%	40%
<ul style="list-style-type: none"> <li>* Diabetic Supplies, Insulin, Insulin Syringes and Lancets (if purchased together) available through prescription drug card at your Pharmacy. Applicable charges may apply such as copayments, deductible charges, or coinsurance charges</li> <li>* Not subject to DME annual benefit limit of \$10,000</li> <li>* Glucometers must be purchased through DME provider and is not subject to annual maximum DME benefit</li> </ul>			
<b>Durable Medical Equipment / Enteral Feeding</b>			
DME/Enteral Feeding	\$0	20%	40%
<ul style="list-style-type: none"> <li>* Coverage is provided for medically necessary durable medical equipment, see exclusions</li> <li>* Enteral Feeding requires Pre-Certification by American Health Holding</li> <li>* Durable Medical repairs must be pre-approved by American Health Holding for items over \$1,000</li> <li>* Durable Medical purchases must be pre-approved by American Health Holding for items over \$1,000</li> <li>* The Plan does not provide benefits for DME that is for patient convenience</li> <li>* In-network DME providers should be used to maximize plan benefits</li> <li>* Limited to \$10,000 annual maximum benefit from the Plan</li> </ul>			

Not all providers participate in every network. Please consult your Benefit Coordinator's Online Provider Directory for an up-to-date list of participating network physicians, hospitals, and other service providers. Out-of-Network providers have the authority to Balance Bill you for all services. See inside back cover for an example of In-Network verses Out-of-Network charges.

# ARHealth Coverage for Non-Medicare Retirees continued...

 Apple Icon indicates Wellness Benefit

2008 Plan Year - Schedule of Benefits			
Covered Benefits and Services*	ARHealth		
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance
<b>Emergency Care Services</b>			
ER Visit, Urgent Care Center, Observation Services	\$100	0%	0%
<ul style="list-style-type: none"> <li>* Medical emergency means the sudden onset of a medical condition with symptoms enough to cause a prudent person to believe that lack of immediate medical attention could result in serious jeopardy to his / her health, the health of an unborn child, impairment of a bodily function or dysfunction of any bodily organ or part</li> <li>* Copayment waived if admitted directly to the hospital or transferred directly to another facility from that emergency admission</li> <li>* You may contact the toll free number listed on your health identification card for a participating facility or physician in the event of an emergency outside of the service area</li> </ul>			
<b>Employee Assistance Program (EAP) Services</b>			
Star EAP Services	\$0	0%	Not Covered
<ul style="list-style-type: none"> <li>* Employee Assistance Program (Star EAP) Telephonic Consultation and Face-to-Face Short Term / Brief Resolution Counseling is provided for all active insured employees and covered dependents</li> <li>* Limited to eight (8) EAP sessions per episode with no copayment</li> <li>* Must contact Arkansas Help Line at 1-866-378-1645</li> </ul>			
<b>Home Health Services</b>			
Home Health Services	\$0	10%	40%
<ul style="list-style-type: none"> <li>* Coverage is provided for home health visit services when your medical condition supports the need for in-home services and is approved by American Health Holding and such care is prescribed, authorized, or ordered by an in-network physician and provided by an in-network home health agency, for in-network benefits to be applied</li> <li>* Requires pre-certification by American Health Holding</li> </ul>			
<b>Home Intravenous Drugs</b>			
Home IV Drugs and Solutions	\$0	10%	40%
<ul style="list-style-type: none"> <li>* Some medications may require prior authorization for coverage by American Health Holding</li> <li>* Contact American Health Holding to verify if a medication requires prior authorization for coverage. You are responsible for the appropriate coinsurance</li> </ul>			
<b>Hospice Services</b>			
Hospice Care	\$0	10%	40%
<ul style="list-style-type: none"> <li>* Coverage is provided only when medically necessary and services reviewed by American Health Holding</li> </ul>			
<b>Hospital Services - Inpatient</b>			
In-Patient Services	\$250	10%	40%
<ul style="list-style-type: none"> <li>* Copayment charged per admission except in cases of direct transfer to another facility</li> <li>* Maximum of 3 copayments per member per Plan Year</li> <li>* Coverage is provided for inpatient services when medically necessary and pre-approved by American Health Holdings</li> <li>* If you select a private room, you are responsible for the difference in charges for private room and semi-private room</li> </ul>			

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See inside back cover for an example of In-Network versus Out-of-Network charges.

# ARHealth Coverage for Non-Medicare Retirees continued...

 Apple Icon indicates Wellness Benefit

## 2008 Plan Year - Schedule of Benefits

Covered Benefits and Services*	ARHealth		
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance
<b>Hospital Services - Outpatient</b>			
Out-Patient Surgical Services	\$100	10%	40%
<ul style="list-style-type: none"> <li>* Diagnostic Services and procedures that are performed outside the PCP office</li> <li>* Coverage is provided for outpatient services when medically necessary and pre-approved by American Health Holding</li> <li>* Refer to list of services requiring pre-determination or pre-certification by American Health Holding</li> </ul>			
Diagnostic Services	\$0	10%	40%
* For Out-patient Radiological services, see section for Radiology Services			
Injectable Medication	\$0	10%	40%
<ul style="list-style-type: none"> <li>* Subject to Plan Exclusions and Limitations as defined in the Summary Plan Description (SPD)</li> <li>* Some medications may require prior authorization for coverage by American Health Holding</li> <li>* Contact American Health Holding to verify if a medication requires prior authorization for coverage. You are responsible for the appropriate coinsurance</li> </ul>			
<b>Immunizations</b>			
Immunizations	\$0	0%	Not Covered
* Flu vaccinations and immunizations are considered In-Network when provided at Arkansas Health Department			
<b>Maternity and Family Planning Services</b>			
Prenatal and Postnatal Out-Patient Care	\$25	10%	40%
<ul style="list-style-type: none"> <li>* Prenatal and Postnatal outpatient care Copayment required on first visit only</li> <li>* Pregnancy pre-notification required by American Health Holding</li> </ul>			
In-Patient Maternity Services	\$250	10%	40%
<ul style="list-style-type: none"> <li>* Copayment applicable per admission</li> <li>* Hospital Length of Stay for Childbirth: This Plan complies with federal law that prohibits restricting benefits for any hospital length of stay in connection with childbirth for the mother and newborn child to less than 48 hours following a normal vaginal delivery or less than 96 hours following a caesarean section delivery</li> </ul>			
Infertility Diagnostic Evaluation	\$35	10%	40%
* Treatment for infertility is not a covered benefit under the ARHealth or ARHealth HD PPO plan. Services related to infertility are covered up to diagnosis. Testing is not covered during or following treatment.			
Infertility Testing	\$200	10%	40%
<b>Ostomy Supplies</b>			
Ostomy Supplies	\$0	10%	40%
<ul style="list-style-type: none"> <li>* Benefit limited to a three (3) month supply</li> <li>* For maximum benefits, ostomy supplies should be obtained through a DME provider that is contracted with your Benefit Coordinator</li> <li>* Contact your Benefit Coordinator for a list of participating DME providers</li> </ul>			

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See inside back cover for an example of In-Network verses Out-of-Network charges.



# ARHealth Coverage for Non-Medicare Retirees continued...

 Apple Icon indicates Wellness Benefits

## 2008 Plan Year - Schedule of Benefits

Covered Benefits and Services*	ARHealth		
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance
<b>Pharmacy Benefit</b>			
Prescription - Generic - Tier I	\$10	0%	0%
Prescription - Preferred - Tier II	\$30	0%	0%
Prescription - Non-Preferred - Tier III	\$60	0%	0%
Prilosec OTC	\$5	0%	0%
<ul style="list-style-type: none"> <li>* Member is responsible for paying 100% of prescription cost for drugs not covered by the plan.</li> <li>* ARHealth HD PPO members may receive a negotiated discount for their prescription. Cost of prescription will count toward applicable deductible and Coinsurance Annual Limit</li> </ul>			
<b>Preventative Care Services</b>			
* See Preventative Care Services in this Annual Benefits Guide or in your Summary Plan Description (SPD)			
<b>Professional Services</b>			
Chiropractic Services	\$35	10%	40%
* Benefit limited to Fifteen (15) visits per therapy per member per Plan Year			
Physician Office Visits	\$25	0%	40%
* ARHealth and ARHealth HD PPO plans do not require you to select a Primary Care Physician (PCP), but it is highly recommended. By coordinating your personal health care through a single physician, you can help maintain a consistent level of service with a provider that understands your medical needs and situation			
Specialist Office Visit / Specialty Care Services	\$35	0%	40%
Other Physician Services provided under Out-Patient or In-Patient	\$0	10%	40%
Injectable Medication	Office Copay	0%	40%
<ul style="list-style-type: none"> <li>* Office copay will vary depending on provider classification (physician or specialist)</li> <li>* Subject to Plan Exclusions and Limitations as defined in the Summary Plan Description (SPD)</li> <li>* Some medications may require prior authorization for coverage by American Health Holding</li> <li>* Contact American Health Holding to verify if a medication requires prior authorization for coverage.</li> </ul>			
<b>Prosthetic and Orthotic Devices</b>			
Prosthetic and Orthotic Devices	\$0	20%	40%
<ul style="list-style-type: none"> <li>* Benefit limited to one (1) prosthetic device that aids in bodily functioning or replaces a limb after an accident or surgical loss and two (2) orthotic devices used for correction or prevention of skeletal deformities</li> <li>* Prosthetic or Orthotic Devices must be deemed medically necessary. Pre-approval by American Health Holding for items over \$1,000</li> <li>* Appliance provider must be contracted with benefit coordinator</li> <li>* In order for the device to be covered, it must be an appliance that is defined by the Medicare DME Manual</li> <li>* Repair or replacement of devices due to normal growth or wear is a covered benefit</li> <li>* Maintenance and repairs resulting from misuse or abuse is not covered and is the responsibility of the member</li> <li>* Benefit limited to \$15,000 in Prosthetic / Orthotic Plan benefits per Plan Year</li> </ul>			
<b>Radiology Services</b>			
Radiology Services	\$250	10%	40%
<ul style="list-style-type: none"> <li>* Charges will apply for such services as MRI, MRA, CT, and PET Scans on a "per case" basis</li> <li>* Coverage is provided only when medically necessary and pre-approved by American Health Holding</li> <li>* Charges will not apply when provided in conjunction with Emergency Room or In-Patient Hospital Services</li> </ul>			

Not all providers participate in every network. Please consult your Benefit Coordinator's Online Provider Directory for an up-to-date list of participating network physicians, hospitals, and other service providers. Out-of-Network providers have the authority to Balance Bill you for all services. See inside back cover for an example of In-Network versus Out-of-Network charges.

# ARHealth Coverage for Non-Medicare Retirees continued...

 Apple Icon indicates Wellness Benefits

2008 Plan Year - Schedule of Benefits			
Covered Benefits and Services*	ARHealth		
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance
<b>Reconstructive Surgery</b>			
Correction of defects due to accident or covered surgery	Hospital Copay	10%	40%
<ul style="list-style-type: none"> <li>* Out-Patient or In-Patient copayment will apply as applicable</li> <li>* Children 18 years and under for specific conditions for congenital deformity or accident/injury repair</li> <li>* Coverage is provided only when medically necessary and pre-approved by American Health Holding. Contact American Health Holding for confirmation of covered services. The circumstances for coverage are very limited.</li> </ul>			
<b>Rehabilitation Services (In-Patient)</b>			
Rehabilitation Services	\$250	10%	40%
<ul style="list-style-type: none"> <li>* Benefit limited to sixty (60) days per member per Plan Year</li> <li>* Copayment applicable per admission</li> <li>* Coverage is provided only when medically necessary and pre-approved by American Health Holding</li> </ul>			
<b>Rehabilitation Services (Out-Patient)</b>			
Physical Therapy	\$0	10%	40%
Occupational Therapy	\$0	10%	40%
Speech Therapy	\$0	10%	40%
<ul style="list-style-type: none"> <li>* Coverage is provided for these services based on medical necessity, determined by American Health Holding, and when arranged, authorized, and provided by an in-network physician and in-network facility</li> <li>* The Plan does not provide benefits for maintenance therapy. Maintenance Therapy refers to therapy in which you actively participate that is provided to you after no continued significant and measurable improvement is reasonably or medically anticipated</li> </ul>			
<b>Skilled Nursing Facility (SNF) Services</b>			
SNF Services	\$250	10%	40%
<ul style="list-style-type: none"> <li>* Benefit limited to Sixty (60) days per member per Plan Year and require pre-authorization by American Health Holding</li> <li>* Coverage is provided for SNF services based on medical necessity, determined by American Health Holding, and when arranged, authorized, and provided by an in-network physician and in-network facility</li> </ul>			
<b>Temporomandibular Joint (TMJ) / Dysfunction (TMD) Services</b>			
TMJ / TMD Services	Office Copay	10%	40%
<ul style="list-style-type: none"> <li>* Pre-Authorization by American Health Holding and participation with case management services required</li> <li>* Physician or Specialist copayment will apply as applicable</li> <li>* Coverage is provided for TMJ / TMD services based on medical necessity.</li> </ul>			
<b>Transplant Services</b>			
Organ / Bone Marrow Transplant	\$250	10%	Not Covered
<ul style="list-style-type: none"> <li>* Copayment applicable per admission</li> <li>* Benefit Limited to two (2) organ transplants per Member per Lifetime</li> <li>* Benefit Limited to \$10,000 lifetime limit for travel and lodging in conjunction with transplant services</li> <li>* Coverage is provided for transplant services subject to the benefit maximums and requirements. Transplant services MUST be provided by approved transplant providers and facilities</li> <li>* In order to be eligible for coverage, you MUST notify American Health Holding prior to receiving any transplant services, including transplant evaluation. You MUST coordinate all transplant services, including transplant evaluation. For questions about your transplant benefits, contact American Health Holding</li> </ul>			

Not all providers participate in every network. Please consult your Benefit Coordinator's Online Provider Directory for an up-to-date list of participating network physicians, hospitals, and other service providers. Out-of-Network providers have the authority to Balance Bill you for all services. See inside back cover for an example of In-Network verses Out-of-Network charges.

## What Else Comes With ARHealth for Non-Medicare Retirees?

ARHealth Retirees is more than just health insurance, it's a comprehensive health program dedicated to the overall health of the membership. In addition to the covered services for physician visits and hospital admissions, ARHealth Retirees provides you with access to a variety of other services such as:

- *Behavioral/Mental Health & Substance Abuse Services*
- *ARWellness programs for weight loss, tobacco cessation, and more*
- *Utilization Management*
- *Preventative Care/Wellness Benefit*

### Behavioral / Mental Health & Substance Abuse Services

Behavioral / Mental Health Services and Substance Abuse Service are coordinated through Corphealth. Contact Corphealth for a list of participating providers and instructions on accessing these services.

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance	In-Network Coinsurance	Out-of-Network Coinsurance
Deductible - Individual	-	\$0	\$1,000	\$1,250	\$3,000
Deductible - Family	-	\$0	\$2,000	\$2,500	\$6,000
* Subject to same deductible as medical plan					
Annual Coinsurance Limit - Individual (after deductible)	-	\$1,000	\$1,250	\$2,500	\$5,000
Annual Coinsurance Limit - Family (after deductible)	-	\$2,000	\$1,875	\$5,000	\$10,000
Initial Behavioral Health Benefit	\$0	0%	Not Covered	0%	Not Covered
* Must contact Arkansas Help Line at 1-866-378-1645					
Traditional Out-Patient Services	\$25	0%	\$25 copay + 25% coins.	20%	40%
In-Patient Services	\$250	10%	\$300 copay + 35% coins.	20%	40%
* Copayment charged per admission for the ARHealth Plan					
Out-Patient Services (partial hospital / day treatment)	\$0	25%	\$0 copay + 25% coins.	20%	40%
Out-Patient Services (Intensive Out-patient)	\$0	0%	\$125 copay + 45% coins.	20%	40%
* Out-of-Network copayment applies to first visits only					
Residential Treatment	\$0	10%	35% coins.	20%	40%

## ARWellness

Each year, millions of us make a decision to get in shape, stop smoking, or just take better care of ourselves. Unfortunately, many people fail to meet their goals, not from a lack of dedication but from a lack of education. We all know that getting in shape and eating better are the right things to do, but not everyone knows how to make those dreams become a reality. That is how ARWellness can help.

As a member of the ARHealth Plans, you are eligible to participate in the wellness initiative called ARWellness. As with all wellness programs, the goal of ARWellness is to provide our members with education and assistance to help them make better decisions about their personal well-being. ARWellness is actually a combination of 5 separate programs with different areas of focus. Coordinated through Corphealth; these 5 programs are Balance®, Nourish®, Breathe®, Relax®, and Care® For Your Back, and are the product of HealthMedia®, Corphealth's strategic partner.

## Utilization Management

EBD has contracted with American Health Holding (AHH) to provide utilization management. The utilization management services will include precertification, predetermination, and concurrent review.

Pre-determination is necessary to verify if you are active with the plan and if the services being requested is a covered benefit on the plan. AHH will maintain contact with the hospital providers to approve additional days for your hospitalization when your medical status changes and additional days are warranted for concurrent review.

Precertification and predetermination will be **necessary** for the list of procedures provided below but is not limited to this list. It will be necessary for your provider to contact AHH at 1-888-211-3127 to obtain authorization of the services being requested. This number is also printed on your insurance card. It is also your responsibility to verify or make certain the procedure has been approved to avoid problems with the payment for the services.

### This precertification or predetermination list is mandatory, but not limited to:

Inpatient admissions	Limited out-patient hospital	Pain Management
Sub-acute admissions	surgical procedures	TMJ/TMD
Inpatient rehabilitation	Physical therapy, occupational	
Skilled nurse facility	therapy, speech therapy beyond	
Residential treatment	the 15 visit limit	
Transplants	Home infusion therapy	
Cognitive rehabilitation	Home Nursing visits	

### Other surgeries

Bunionectomy (great toe alignment)  
Cochlear implants (implant for loss of hearing)  
ESWT (extracorporeal shock-wave therapy)  
IDET (intradiscal electrothermal therapy)  
Lithotripsy (shock wave for kidney stones)  
Septoplasty (nasal septum repair)  
Strabismus repair (vision correction for misalignment of one or both eyes)  
UPPP (uvulopalatopharyngoplasty removal of tissue in the throat for treatment of sleep apnea)  
Varicose vein excision and ligation

### Radiology Services that require pre-authorization

Computerized Tomography (CT scan)  
Magnetic Resonance Imaging (MRI)

Magnetic Resonance Angiography (MRA)  
Positron Emission Tomography (PET scan)

### When medically necessary, potentially cosmetic surgeries, including but not limited to:

Blepharoplasty and/or brow lift  
Gynecomastia reduction (male breast reduction)  
Lipectomy (fatty tissue removal)  
Mammoplasty (breast augmentation or reduction)  
Panniculectomy (excess layer of abdominal tissue removal following weight loss)  
Pectus excavatum repair (repair of concave chest wall)  
Radial keratotomy (unless excluded from coverage)  
Rhinoplasty (nose repair)  
Ventral hernia repair

# Life Insurance

## MINNESOTA LIFE

A Securian Financial Group Affiliate

Effective January 1, 2008, Minnesota Life will provide your Basic & Supplemental Group Term Life and Accidental Death & Dismemberment (AD&D) insurance coverage. Minnesota Life is one of the largest group life insurance providers in the country and is also one of the most highly rated companies for financial strength\*. Financial strength in an insurance company is important because life insurance is a promise to pay a benefit at some point in the future. Being financially strong enables Minnesota Life to deliver on that promise. Go to [www.lifebenefits.com](http://www.lifebenefits.com) for more information on Minnesota Life's financial rating.

\*To see Minnesota Life's financial ratings, see [www.lifebenefits.com](http://www.lifebenefits.com)

Rest assured that during this time of transition, employees will NOT have a lapse in insurance coverage. Minnesota Life is providing you with the same level of coverage that you currently have in addition to added services, comprehensive online self-service utilities, and a lower monthly premium rate.

### Importance of Term Life Insurance

During your working years, your income is critical to you and your family. Not just to take care of today's needs, but to make your long-term plans a reality. Have you thought about how your family would manage financially without your income? Group Term Life insurance protects your family's financial security by making sure that if you die, they will have the money to cover significant expenses like paying off the mortgage, raising the kids, and paying for college.

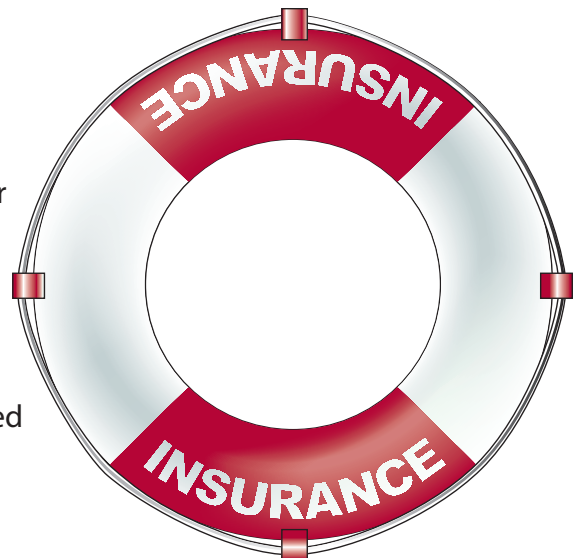
As a State employee, you are provided, at no charge to the employee, a \$10,000 Basic Life and AD&D policy. Active legislators and constitutional officers may increase this Basic coverage by purchasing an additional \$30,000 with those premiums paid by the individual. Along with this Basic plan, you can purchase coverage on yourself, your spouse, and your dependents and pay your premiums conveniently through payroll deduction.

### Extra Services

In addition to excellent customer service and a quality insurance program, Minnesota Life also offers more. As a member of Minnesota Life, you and your family will have access to Will Preparation Services and Beneficiary Financial Consulting.

Will preparation is provided by Ceridian for employees, retirees, spouses or dependents. This program provides telephonic consultation with an attorney. A quality and professionally assisted will can aid your family and beneficiaries in their time of loss.

Beneficiary Financial Consulting is provided by PricewaterhouseCoopers (PwC) and is available to beneficiaries who receive an insurance benefit of \$25,000 or more. This consultation is provided at no charge and participation in this service is strictly voluntary. The financial counselors of PwC are experienced Certified Financial Planners, Certified Public Accountants, attorneys, and personal financial specialists. PwC counselors do not and can not sell products. They provide your beneficiary with counseling on topics such as estate settlement, budgeting, and taxes.







## KEEP YOUR INVESTMENTS IN THE AR DIAMOND PLAN

Whether you have retired, getting ready to retire, or are no longer employed by the State, you have many options on what to do with your AR Diamond 457 account balance. As a result of The Economic Growth and Tax Reconciliation Relief Act of 2001, commonly referred to as EGTRRA, you have many new choices for your retirement savings. With the new law, you can roll plan money over into traditional IRAs, however keeping your money in the AR Diamond Plan may provide you with better retirement opportunities.

Here are SEVEN reasons why:

1. **Your AR Diamond Plan assets are not subject to the 10% early withdrawal penalty tax.**  
An IRA withdrawal before age 59½ may incur an additional 10% penalty tax.
2. **Your AR Diamond Plan allows rollovers, including DROP balances.**  
You can rollover any pre-tax money from another qualified plan, such as a 401(k), 403b, IRA, or other 457b plan. If you are a **DROP** participant, you can roll your **DROP** balance into the AR Diamond Plan, even if you never made one contribution into the Plan. (If you retire after age 55, but prior to age 59½, you have access to your **DROP** savings from the Diamond Plan without early withdrawal penalty.)
3. **Your AR Diamond Plan is a low cost program.**  
It has low fees associated with a large group plan and there are no commissions nor commission driven representatives.
4. **Your AR Diamond Plan has a wide array of investment choices.**  
The investment choices have been professionally selected and are continuously being monitored. Even the fixed options are paying competitive rates.
5. **Your AR Diamond Plan offers a variety of payout options and distribution flexibility.**  
IRAs may have fewer options and less flexibility in how you take distributions. Distribution options for your 457 Plans, such as your AR Diamond Plan, allow you to choose monthly, quarterly, annual or periodic payouts. In addition, EGTRRA has removed many restrictions on 457 distributions; you can now change your distribution arrangements as many times as necessary to meet your retirement needs. You can even wait to take a distribution until the year after you reach age 70½. (The same minimum distribution rules that applies to an IRA will also apply to your AR Diamond 457 Plan assets. You need to begin receiving payments during the year after you reach age 70½.)
6. **Transferring funds among investment options is easy, quick, and free.**  
If you stay invested in the AR Diamond Plan, you eliminate paperwork when you want to transfer assets among the AR Diamond's wide array of investment choices. Transfers can be made online <http://myplan.csplans.com> or through the call center (800) 905-1833 and will immediately be processed. A written confirmation will be mailed.
7. **Your AR Diamond Plan local area reps are still available for attentive customer service.**  
Even though you have retired or are no longer employed by the State, the relationship you have built with your local area representative is invaluable. For as long as you have a balance in the AR Diamond Plan, your local area representatives will gladly answer any questions that may come up over the next couple of years. They can be reached the same way you currently contact them: toll free (866) 271-3327 or locally (501) 301-9900.

Cheryl S. Daughenbaugh (Central AR)  
Fran Walker (Central and Northeast AR)  
Molly Peecher (Northern AR)  
Nancy Stroud (Southern AR)

The bottom line is the AR Diamond Plan has many of the same great features that an IRA would offer you—tax-deferred growth, professional money management, flexible distribution options—plus added benefits like reduced fees and access to your local area representative.

*For additional information, please contact the office at (501) 301-9900 to reach your local area representative; or visit the website, 24 hours a day: <http://myplan.csplans.com>*

**(800) 905-1833**  
**<http://myplan.csplans.com>**

## Preventative Care / Wellness Benefits

The following preventive/wellness services are covered at 100% under the ARHealth and ARHealth HD PPO plans for employees and their covered dependents. Services are covered at In-Network providers ONLY. Services may be obtained from more than one physician. Services that are not for screening or preventive in nature, but rather due to illness or specific condition, are subject to the standard Schedule of Benefits and will be subject to co-payments, co-insurance, and deductibles when applicable. For questions, contact your Benefit Coordinator.

Wellness Services	
Immunizations	
Well Baby Care - under 2 years of age	
Well Child Care - 2 years or older	
Physical Exams - Adults (limit 1 per Plan Year at no cost)	
Routine Mammogram (limit 1 per Plan Year at no cost)	
Annual Routine Gynecological visit (limit 1 per Plan Year at no cost)	
New Baby/Well Baby Visits	
Under 1 year	Initial comprehensive preventive medicine evaluation and management of an individual. Including an age and gender appropriate history, examination, counseling, or anticipatory guidance/risk factor reduction interventions, and ordering of appropriate immunizations laboratory/diagnostic, new patient; infant (age under 1 year)
Under 1 year	Periodic comprehensive preventive medicine reevaluation and management of an individual. Including an age and gender appropriate history, examination, counseling or anticipatory guidance/risk factor reduction interventions, and ordering of appropriate immunizations, laboratory/diagnostic, established patient; infant (age under 1 year)
Newborn Care	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference with parents.
Preventive Care Services - Child (under age 18)	
• Birth to Age 1 = Six Visits	• Age 12 to 17 = Annual Visits
• Age 1 to 2 = Three Visits	• Lead Level = Age 9 months to 24 months
• Age 3 to 4 = Annual Visits	• Vision Screening = 3-6, 8, 10, 12 & 15 months
• Age 5 to 11 = Annual Visits	• Hearing Screenings = 4-6, 8, 10, 12 & 15 months
Preventive Care Services - Adults (age 18 and over)	
• Annual Physical Office Visit	• Fecal occult blood test annually and one of the following: * Flexible sigmoidoscopy every 5 years * Colonoscopy once every 10 years * Double contrast barium enema once every 5 years
• Colorectal Cancer Screening beginning at age 50	
• Pap Smear	• Cholesterol and HDL - Once every 5 years for males age 35 and older and once every 5 years for females 45 and older
• Prostate Specific Antigen (PSA) age 40 and over	• Screening Mammogram (including Breast Exam) age 40 and over

\*Flu vaccinations and immunizations considered In-Network when received at Arkansas Health Department

## Preventative Care / Wellness Benefits continued...

### Immunizations - Child (under age 18)

Diphtheria
Diphtheria and Tetanus toxoid and acellular pertussis (DTaP)
Diphtheria and Tetanus toxoid and whole cell pertussis (DTP)
Diphtheria and Tetanus toxoid and whole cell pertussis and Hemophilus Influenza b (DTP-Hib)
Diphtheria and Tetanus toxoid and whole cell pertussis, Hemophilus Influenza b, and Inactivated Poliovirus (DTap-Hib-IPV)
Diphtheria and Tetanus toxoid for ages over 7 (Td)
Gardasil ages 9 to 18
Hemophilus Influenza b (hib)
Hepatitis B (HEP B)
Hepatitis B (HEP B) and Hemophilus Influenza b (hib) combo
Influenza (flu) ages 6 months and older
Measles, live for subq use (IPV)
Measles, Mumps, Rubella (MMR)
Measles, Mumps, Rubella and Varicella (MMRV)
Measles, Rubella
Menactra Vaccine ages 11 to 18
Mumps
Pneumococcal Conjugate, for children under 5
Pneumococcal Conjugate, adult or immunosuppressed, children age 2 or older
Polio, live , oral use (OPV)
Rota Teq Vaccine administered orally in 3 doses for the prevention of Rotavirus, ages 2, 4, and 6 months
Rubella
Tetanus
Varicella

### Immunizations - Adults (age 18 and over)

Diphtheria, every 10 years
Diphtheria and Tetanus toxoid for ages over 7 (Td), every 10 years
Gardasil ages 18 to 26
Hepatitis B (HEP B) - once per lifetime
Influenza (flu), annually
Menactra Vaccine ages 18 to 27
Pneumococcal Conjugate for adults 55 and over
Zostavax Vaccine for adults 60 and over

\*Flu vaccinations and immunizations considered In-Network when received at Arkansas Health Department

## How Much Will It Cost Me?

### Monthly Premiums for Arkansas State Retirees 2008 Plan Year Rates - Effective January 1, 2008 - December 31, 2008

ARHealth Retirees	Base Monthly Premium	State Contribution	Total Monthly Employee Cost
Retiree Only (Not Medicare Eligible)	\$584.70	\$380.63	\$204.07
Retiree (Not Medicare Eligible) & Spouse (Not Medicare Eligible)	\$1,169.29	\$683.58	\$485.71
Retiree (Not Medicare Eligible) & Child(ren)	\$935.50	\$562.42	\$373.08
Retiree (Not Medicare Eligible) & Spouse (Not Medicare Eligible) & Child(ren)	\$1,755.30	\$987.28	\$768.02
Retiree (Not Medicare Eligible) & Spouse (Medicare Eligible)	\$894.56	\$541.16	\$353.40
Retiree (Not Medicare Eligible) & Spouse (Medicare Eligible) & Child(ren)	\$1,247.61	\$724.13	\$523.48
Retiree Only (Medicare Eligible)	\$314.33	\$205.49	\$108.84
Retiree (Medicare Eligible) & Spouse (Not Medicare Eligible)	\$879.43	\$499.40	\$380.03
Retiree (Medicare Eligible) & Child(ren)	\$653.41	\$381.85	\$271.56
Retiree (Medicare Eligible) & Spouse (Not Medicare Eligible) & Child(ren)	\$1,217.67	\$675.34	\$542.33
Retiree (Medicare Eligible) & Spouse (Medicare Eligible)	\$615.31	\$362.03	\$253.28
Retiree (Medicare Eligible) & Spouse (Medicare Eligible) & Child(ren)	\$954.38	\$538.37	\$416.01

## Planning for Retirement Health Care?

One of the options available to members of ARHealth as an active employee is to continue their coverage under COBRA. The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) allows for continuation of health benefits after termination or retirement. Rates for members electing to continue their coverage through COBRA is listed below.

### Monthly Premiums for Arkansas State COBRA Participants 2008 Plan Year Rates - Effective January 1, 2008 - December 31, 2008

		HRA DISCOUNT				
	Total Monthly Premium	One Healthy Discount Level I	One Healthy Discount Level II	Two Healthy Discounts Level I	One Healthy Discount Level I and One Level II	Two Healthy Discounts Level II
		\$10 monthly savings	\$20 monthly savings	\$20 monthly savings	\$30 monthly savings	\$40 monthly savings
Employee Only						
ARHealth - Health Advantage	\$399.84	\$389.84	\$379.84	-	-	-
ARHealth - NovaSys	\$393.43	\$383.43	\$373.43	-	-	-
ARHealth HD PPO - NovaSys	\$329.42	\$319.42	\$309.42	-	-	-
Employee & Spouse						
ARHealth - Health Advantage	\$949.01	\$939.01	\$929.01	\$929.01	\$919.01	\$909.01
ARHealth - NovaSys	\$933.61	\$923.61	\$913.61	\$913.61	\$903.61	\$893.61
ARHealth HD PPO - NovaSys	\$779.95	\$769.95	\$759.95	\$759.95	\$749.95	\$739.95
Employee & Child(ren)						
ARHealth - Health Advantage	\$599.07	\$589.07	\$579.07	-	-	-
ARHealth - NovaSys	\$580.54	\$570.54	\$560.54	-	-	-
ARHealth HD PPO - NovaSys	\$484.50	\$474.50	\$464.50	-	-	-
Employee & Family						
ARHealth - Health Advantage	\$1,050.27	\$1,040.27	\$1,030.27	\$1,030.27	\$1,020.27	\$1,010.27
ARHealth - NovaSys	\$1,033.28	\$1,023.28	\$1,013.28	\$1,013.28	\$1,003.28	\$993.28
ARHealth HD PPO - NovaSys	\$863.61	\$853.61	\$843.61	\$843.61	\$833.61	\$823.61



## But I Have A Question!

### Is the network provider remaining the same as 2007?

Yes. The ARHealth Retiree plan is still administered by Health Advantage who has the largest network in and outside of the state.

### How is the Arkansas State and Public School ARHealth plan different from the other plans?

- You have open access, which means that you may self-refer to a physician that is in-network and still receive in-network benefits. Out-of-Network benefits are only applied if you receive services from a non-participating provider.
- You will pay a \$25 copayment (PCP) for services provided by one of the following in-network doctors in their office, with no deductible.
  - o General Practitioners
  - o Family Practitioners
  - o Internal Medicine
  - o Pediatricians
- You will pay a \$35 copayment (Specialist) for services provided by an in-network specialist in their office, with no deductible.
- ARHealth Retiree members will be able to utilize the Health Advantage network of physicians and facilities.
- If you use an out of state participating Blue Cross provider, you will not be charged the difference between the amount billed by the provider and the Blue Cross-allowed amount. You will be responsible for the deductible, coinsurance or copayment amounts.

### Do I have prescription drug coverage through the ARHealth Retiree plan if I am Medicare Primary?

Yes. Prescription drugs are covered by the Plan subject to co-payments.

## Retirement

### What are the retirement insurance eligibility rules?

- Are you participating in one of the five (5) retirement plans – APERS, ATRS, Highway, Judicial or Alternate? If yes,
- To be eligible you must have been participating in the group health insurance coverage on the last day as an active employee. If yes,
- You must apply within 31 days of becoming an active retiree to participate in the group health insurance program. If the retiree does not want to participate in the group health insurance program, they must sign a Waiver of Enrollment form indicating their wish to not participate within 31 days of becoming an active retiree.
- If the retiree declines to participate in the group health insurance program, that decision is final.
- EXCEPTION-LOSS OF ELIGIBILITY. If the retiree is an active retiree and declined coverage from the group health insurance program within thirty-one (31) days of retirement and specified in writing that the reason for the declination of coverage was because he/she (the active retiree) had coverage through another employer group health plan, and later his insurance coverage is terminated because of loss of eligibility, then the retiree and any dependents shall qualify for coverage in the State sponsored program provided the active retiree applies for coverage within thirty-one (31) days of the loss of eligibility. Examples of when loss of eligibility may occur is termination of employment, decrease in the number of hours worked, marriage, divorce or adoption of a child. An example of when loss of eligibility is not applicable is non-payment of premium and termination for cause. A person may not always lose eligibility for insurance coverage through one of the above-cited

circumstances, but frequently they do.

- EBD advises retirees to seriously consider participating in the group health insurance offered to them as an active retiree of one of the five retirement programs. If the retiree declines to participate in group health insurance coverage within 31 days of becoming an active retiree, he must qualify for a loss of eligibility as cited above to become active in the group health insurance program.
- If the retiree is currently employed and the employer offers group health insurance coverage, the retiree may enroll in his current employer plan and drop insurance coverage with the Arkansas State and Public School Employees Group Health Insurance. The retiree may then reinstate insurance coverage with the Arkansas State and Public School Employees Group Health Insurance in the future if he/she experiences the loss of eligibility.

## **What are my insurance options upon retirement?**

Upon retirement from your agency or district, you and your dependents are eligible to continue health coverage through several options which are outlined in detail below. *The necessary forms must be submitted to Employee Benefits Division within 31 days of your retirement date.*

### **OPTION A – Health and Life Insurance Continuation under Retirement System**

If you are eligible for a retirement benefit from one of the participating retirement systems\*, you may continue your current health coverage in the retirement group by having the insurance premium deducted from your retirement check. Complete the form titled "Retiree Payroll Deduction Authorization" enclosed in this packet. This is the form that notifies us of your intention to continue your health insurance. Mail completed form to the Employee Benefits Division at the mailing address listed on the top. If your retirement benefit amount is inadequate to cover the insurance premiums, you will also be asked to set up a bank draft by completing the enclosed form, "Authorization Agreement for Pre-Authorization Payments."

### **OPTION B – COBRA Continuation ONLY**

The Consolidated Omnibus Reconciliation Act of 1985 (COBRA) allows for continuation of health benefits after termination or retirement. If you are not eligible for retirement benefits from one of the participating retirement systems\* and would like to retain your current health benefits, you may continue your health insurance for a period of 18 months as a COBRA Continuant. If you have not received a COBRA Election Form in the mail within 14 days of your last date of employment, please contact the Employee Benefits Division at (877) 815-1017.

### **OPTION C – COBRA until retirement benefits begin**

If you are eligible for retirement (i.e. have enough years of service) but will not immediately receive a retirement benefit, you may choose health insurance coverage under COBRA for a maximum of 18 months (or until you are eligible to receive a retirement check if within the 18 month period). To enroll under COBRA, please read and complete the COBRA Election form that will be mailed to your home. When your retirement benefit begins, you may change to the retirement group by contacting the Employee Benefits Division.

**NOTE:** *It is the responsibility of the retiree to notify the Employee Benefits Division at least two (2) months before COBRA expires in order to make arrangements to change to the regular retiree group health insurance program.*

### **OPTION D – COBRA when retirement benefits are available**

If you are eligible for retirement benefits from one of the participating retirement systems\* when you retire, you may continue your health insurance through COBRA if you so choose. COBRA payments are made by bank draft. A bank draft payment is established by completing the "Authorization Agreement for Pre-Authorization Payments" included in this booklet. At the end of your COBRA benefit eligibility period (18 months) you will need to change to the retiree insurance group in order to continue your health insurance. It is very important to remember that you must remain on COBRA and make timely payments for the entire eligibility period to be eligible to begin insurance through the retirement system when COBRA coverage ends.

**NOTE:** It is the responsibility of the retiree to notify the Employee Benefits Division at least two (2) months before COBRA expires in order to make arrangements to change to the regular retiree group health insurance program.

#### **OPTION E – Waiver of Enrollment**

If you do not wish to continue the Health Insurance coverage at all, please complete the “Waiver Form” and then sign and date. Once completed, that form should be sent directly to Employee Benefits Division.

*\*Participating Retirement Systems are: Arkansas Public Employees Retirement System, Arkansas Teacher Retirement System, Judicial Retirement System, Arkansas Highway and Transportation Department Retirement System, and Alternative Retirement System.*

### **What if I take early retirement and do not qualify for retirement benefits?**

- You are only eligible to continue the health insurance coverage as a COBRA participant. Once your COBRA has ended (18 months) and you are eligible to participate in one of the retirement plans, you may enroll at that time.

### **How do I enroll in the retirement health insurance program?**

- You must complete a Retirement Deduction Authorization Form and send it to EBD within the 31 day election period. (See enclosed rates for Medicare, Non-Medicare and COBRA.)
- If you are declining coverage at this time, you must complete a Waiver Form. This form must be sent to EBD within the 31 day election period.

### **What continued health coverage benefits will my covered dependents have should I die?**

Surviving covered dependents (excluding children ages 19 and up) of an insured retiree may continue the group health insurance coverage regardless of their option for survivor’s benefits. The premiums for this coverage may be deducted from the survivor’s benefits if applicable. If no survivor’s check is due, the surviving covered dependents will pay premiums directly to EBD on a monthly basis by bank draft only.

### **Who should be notified of the death of a retiree or dependent?**

- EBD should be notified immediately upon the death of a retiree or covered dependent so that we can terminate coverage on that member and notify all benefit coordinators. At this time we would initiate the paperwork if there is to be a reduction in premiums.
- Upon notification of the death of a retiree, EBD will send out a Surviving Dependent letter to any covered dependents on the retiree’s plan extending the opportunity for them to continue to be covered under the State and Public School Retirement Health Program.

### **If I am eligible for Medicare, do I have to carry both Part A and Part B as a retiree?**

YES. Retirees who are eligible for Medicare must carry Part B (physician). The benefit coordinator will coordinate benefits as if Part B is in force. This means that coverage under government programs, including Medicare, required or provided by any statute unless coordination of benefits with any such program is forbidden by law. Subscribers and Dependents who are eligible for Medicare must have both Part A and B. If a member eligible for Medicare does not have Medicare Part B, the plan will pay as though the member does have Medicare Part B and the member will have full financial responsibility for claims incurred.

**NOTE:** The general Medicare Open Enrollment period is from January through March each year for a July 1st effective date. Retirees without Medicare Part B should contact the Social Security Administration (at 1-800-772-1213) about obtaining Part B coverage. Medicare Part B premiums are monthly and may increase up to 10% for each 12 month period that you could have had Part B but did not sign up for it (there are some special exceptions).

**If I am not eligible for Medicare at the time of retirement, but become eligible at a later date, how do I get the reduced premiums?**

You need to send EBD a copy of your Medicare card as soon as you receive it so that we can make the proper adjustments to your account.

**NOTE:** Certificate of Creditable Coverage (COCC) statement on back cover of this publication.

**What if I find my deductions are not correct? Will I get a refund?**

- Medicare primary rates will go into effect the first of the month following EBD's receipt of a copy of your Medicare card.
- You need to check your deductions periodically as EBD's policy is to not refund back further than 60 days.

**What are the participating retirement systems?**

- Arkansas Public Employees Retirement System (APERS)
- Arkansas Teacher Retirement System (ATRS)
- Judicial Retirement System
- Arkansas Highway Retirement System
- Alternative Retirement System

**What if my annuity check is not large enough for my insurance premiums?**

EBD will set you up as a Cash Retiree and your premiums can only be made by bank draft.

**When can I make plan changes?**

- The only opportunity for a Retiree to add dependents (other than newly acquired) is if there is a loss of coverage (qualifying or family status change event).

**Will I still be covered by life insurance when I retire?**

- If you have questions about retaining Life Insurance after you retire, contact Minnesota Life at 1-800-843-8358.

**Who do I contact to file a life insurance claim if a retiree or dependent dies?**

- Minnesota Life needs should be contacted about all claims and as well as any changes to coverage or beneficiary designation.

**For other questions or concerns, please refer to page 3, "Who Can Help With Questions?" Contact the companies listed there, or the Employee Benefits Division, for assistance.**



## Manage your Claims with In-Network Providers

In the following example, a simple 3-day stay at an In-Network hospital is compared to the same stay at an Out-of-Network facility. Network discounts and Balance Billing makes a significant difference to your pocketbook.

The following example assumes a 3-day in-patient hospital stay with billed charges of \$12,000 for a member on the ARHealth Plan with Employee-Only coverage.

	In-Network Hospital	Out-of-Network Hospital
Billed Charges	\$12,000	\$12,000
Allowed Charges	\$3,600	\$3,600
Less Member Deductible	( \$0 )	( \$1,000 )
Less Member Co-payment	( \$250 )	( \$0 )
Less Member Co-Insurance	( \$335 )	( \$1,040 )
ARHealth Plan's Payment	\$3,015	\$2,560
Total Member's Responsibility	\$585 including co-payment and co-insurance	\$9,440 including deductible, co- insurance, and balance of billed charges

In the above example, an ARHealth Member is responsible for only \$585 for the stay at an In-Network hospital but \$9,440 for the same stay at an Out-of-Network hospital.



# Understanding Your EOB

Every member will receive an EOB (Explanation of Benefit) after a medical service such as an office visit or hospital stay. It is very important that you understand your EOB and review it for accuracy. Your EOB will list the provider, dates, description and charges associated with your service. If you have questions or you have not received services from the provider listed on the date of service, please contact your Benefit Coordinator.

## Explanation of Benefits

**This is not a bill**

SUBSCRIBER NAME NUMBER	PATIENT'S NAME	RELATIONSHIP	I.D. NUMBER	GROUP NAME	GROUP
John Doe	Jane Doe	Spouse	0075622002	AR State Emp/Act	001001

CLAIM DETAIL INFORMATION

Date Received: June 29, 2007	Date Processed: July 11, 2007	
Claim Number: 050820T110086	Provider of Service: C Dale Johnson, MD	Provider Number: 51998-8887

Date of Service From/Thru	Type of Service	Billed Amount	Allowed Amount	Non-covered Amount	Deductible Amount	Copayment Amount	Coinsurance Amount	Primary Payer Amount	Provider Adjustment Amount	Provider Payment
6/18/07-6/18/07	Physician Visit - Office or Other (1)	30.00	23.09	0.00	0.00	0.00	0.00	0.00	11.53	18.47
6/18/07-6/18/07	Pathology (1)	30.00	15.30	0.00	0.00	0.00	0.00	0.00	14.70	15.30
Claim Totals		60.00	38.39	0.00	0.00	0.00	0.00	0.00	26.23	33.77

Did you visit the doctor or have any services done that day?

Did you see this provider?

Did they do what they indicate?

\*Above example is not indicative of costs/discounts and is for illustration purposes only.

## Creditable Coverage Disclosure Notice

**Remember:** Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage after May 15, 2006, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

**Date:** Plan Year 2008

**Name of Entity/Sender:** Arkansas State and Public School Life  
and Health Insurance Board

**Contact-Office:** State of Arkansas, Department of  
Finance and Administration,  
Employee Benefits Division

**Address:** Post Office Box 15610  
Little Rock, AR 72231-5610

**Phone Number:** (501)682-9656

# Summary Plan Description Request Form

In an effort to save money for the ARHealth Plan, EBD is providing you with access to the Summary Plan Description (SPD) through our web site, [www.arbenefits.org](http://www.arbenefits.org). This SPD will always be the most current version available to our members. We are required by law to provide you with current information regarding the ARHealth plans and we will always strive to do so in a manner that is cost effective.

You can, however, still receive a copy mailed to you. You now have the option of receiving an **electronic version** or **printed copy**. Each member can choose to receive a printed booklet or a compact disc (cd) mailed to their home.

To receive your copy by mail, complete the form below and return by mail to EBD. Once the form is received, the version you specify (electronic or print) will be mailed to you.



*Fold Here*

☐ **YES!** I would like to receive a **printed** copy of the Summary Plan Description.

☐ **YES!** I would like to receive an **electronic** copy of the Summary Plan Description.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**---Return this form to EBD---**

\_\_\_\_\_

\_\_\_\_\_

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**EBD**

Department of Finance  
and Administration  
P.O. Box 15610  
Little Rock, Arkansas 72231

Please Tape Here





STATE OF ARKANSAS  
Department of Finance  
and Administration

**EBD**  
Employee Benefits Division  
Post Office Box 15610  
Little Rock, AR 72231-5610

Phone: (501) 682-9656

Toll Free: (877) 815-1017

Fax: (501) 682-2366

www.ARBenefits.org

## Retirement Deduction Authorization

(Insurance Rep use only:)

Date Sent: \_\_\_\_\_

District/Agency Name: \_\_\_\_\_ District/Agency #: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize you to deduct from my retirement check such amounts as necessary to pay the premiums for my health insurance plan. I further authorize you to pay such amounts to the insurance company providing such personal insurance or to its authorized representative. **This authorization remains in effect until you receive notice from me in writing that it has been changed or revoked.**

The retirement system that I participate in is: **(Check *only* one of the following)**

- ☐ Public Employees Retirement System (APERS)  
☐ Teacher Retirement System (ATRS)  
☐ Judicial Retirement System  
☐ Arkansas Highway and Transportation Retirement System  
☐ Alternative Retirement System (Valic, etc) \_\_\_\_\_ (Indicate which system)

Please refer to rate sheet to determine amount(s) to record:

Monthly Amount	Self	Self/Spouse	Self/Children	Family
Health Premium				
Basic Life Volume*				
Supplemental Life Volume*				
Dependent Life Volume*				
Total Premium*				

\*State Retirees only

**If a member is eligible for Medicare and does not have Part B, the plan will pay as though the member does have Part B and the member will have financial responsibility for claims incurred.**

If you or your spouse have Medicare Parts A and B, please provide the following information:

### Retiree

Medicare HIC # \_\_\_\_\_  
Medicare Part A Eff. Date \_\_\_\_\_  
Medicare Part B Eff. Date \_\_\_\_\_

### Spouse

Medicare HIC # \_\_\_\_\_  
Medicare Part A Eff. Date \_\_\_\_\_  
Medicare Part B Eff. Date \_\_\_\_\_

**Please sign, date and return within 30 days to the address above, attn: Retirement Section**

Signature \_\_\_\_\_ Date \_\_\_\_\_ SSN \_\_\_\_\_

(For Office Use Only)

Effective Date: \_\_\_\_\_ EBD Initials: \_\_\_\_\_



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**ARHealth**   
Self Funded SM



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## Waiver of Enrollment for State & Public School Retirees

### Credible Coverage Information

If you waive enrollment for yourself and/or your dependent(s) (including your spouse) because of other employer group health insurance coverage within 31 days of becoming an active retiree and eligible to draw a retirement annuity check, you may be able to enroll yourself or your dependent(s) (including your spouse) in the future provided that you request enrollment into the State or Public School Retirees health insurance program within 30 days of loss of your other employer group health insurance coverage.

### Please check the appropriate box(es):

- ☐ I am eligible at this time to begin drawing a retirement annuity check.
- ☐ I decline coverage for myself. I am currently enrolled under another employer group health insurance plan. (Requires a letter of Creditable Coverage to enroll at a later date) **I have a one-time option to return to the retiree insurance program after the initial waiver of coverage.**
- ☐ I decline coverage for my dependents (including my spouse). They are currently covered under another employer group health insurance plan. (Requires a letter of Creditable Coverage to enroll at a later date) **I have a one-time option to return to the retiree insurance program after the initial waiver of coverage.**
- ☐ I decline coverage for myself. I am *not* currently covered under another employer group health insurance plan. **This decision is final and I may not enroll at a later date.**
- ☐ I decline coverage for my dependents (including my spouse). They are *not* currently covered under another employer group health insurance plan. **This decision is final and I may not enroll them at a later date.**
- ☐ I decline coverage as I am covered by Medicare and/or a Medicare supplement other than the State supplement plan. **This decision is final and I may not enroll at a later date.**

### I hereby certify that:

- (1) I have been given the opportunity to apply for health insurance coverage as a new state or public school active retiree. The coverage and the policy have been explained to me, and I decline to apply for coverage for myself and/or my dependent(s) (including my spouse) as listed above; and
- (2) I understand that if I decline coverage now due to being covered under another employer group health plan, once I lose that coverage I must apply for this coverage within 30 days of the loss of coverage; and
- (3) I understand that if I am eligible at this time to draw a retirement annuity and decline coverage for myself and dependent(s) (including my spouse) and that we are not currently covered under another employer group health plan at this time, I cannot enroll at a later date. **This decision is final.**

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Group ID # / Agency

If you have any questions regarding this form or policy, please call our Customer Service Department at (501) 682-9656 or 1-877-815-1017.

\_\_\_\_\_

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STATE OF ARKANSAS

Department of Finance  
and Administration

Employee Benefits Division

www.ARBenefits.org

This form must be returned to your  
Health Insurance Representative; not EBD.

Change Form  
Status, Name and Address



1. Employee Information: (please print)

Last Name		First Name		MI	<input type="checkbox"/> Married <input type="checkbox"/> Single
Home Address		City	State	Zip Code	
SSN#	Date of Birth:	Home #:	Work #:		
If you would like benefit information sent to you by email, please print your email address:					
Primary Care Physician:		PCP #	Current patient?		

2. Change in Dependent Status (complete this portion if making any changes in dependent status):

LAST NAME	FIRST NAME	MI	GENDER
Social Security #	Date of Birth	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Primary Care Physician:	PCP #	Full time student?**	
LAST NAME	FIRST NAME	MI	GENDER
Social Security #	Date of Birth	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Primary Care Physician:	PCP #	Full time student?**	
LAST NAME	FIRST NAME	MI	GENDER
Social Security #	Date of Birth	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Primary Care Physician:	PCP #	Full time student?**	
LAST NAME	FIRST NAME	MI	GENDER
Social Security #	Date of Birth	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
Primary Care Physician:	PCP #	Full time student?**	

\* Please submit guardianship, court-ordered insurance responsibility or adoption papers on dependents that apply.

\*\*For dependents 19 and over only. Please submit proof of student status.

3. Change In Coverage (complete this portion if making any of the following changes):

Change in Status:	Reason for Change:
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Family <input type="checkbox"/> Cancel Coverage	<input type="checkbox"/> Birth - Date: _____ <input type="checkbox"/> Death - Date: _____ <input type="checkbox"/> Divorce - Date: _____ <input type="checkbox"/> Marriage* - Date: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent <input type="checkbox"/> Name <input type="checkbox"/> Address	

\* Please attach Marriage License; Maiden Name if applicable

4. To Be Completed By Agency/School District:

Agency/School District Name:	Agency/School District #:
Effective Date of Change:	Employee #:
Representative Signature:	Date:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

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## Bank Draft Authorization

I (we) hereby authorize the Department of Finance and Administration – Employee Benefits Division to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debits in error to our bank account indicated below at the financial institution named below, hereinafter called Depository, to debit and/or credit the same such account. Date of draft: 7th of the month.

Depository Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Routing Number: \_\_\_\_\_ Type of Account: ☐ Checking

☐ Savings

Total amount to be deducted monthly: \_\_\_\_\_

This authorization shall remain in effect unless the Employee Benefits Division has received written notification from me (us) of its termination in such time and in such manner as to afford the Employee Benefits Division and Depository a reasonable opportunity to act on it.

Authorization Signer on Account: \_\_\_\_\_

(Please print name clearly)

Insured's Social Security No.: \_\_\_\_\_

Signature: \_\_\_\_\_

(Authorized Signer)

(Date)

Per Arkansas Code §5-37-301, a \$25.00 Return Item Charge fee plus a \$3.50 service fee for bank drafts will be assessed per item returned not paid from the bank.

**Attach A Voided Check Here  
(Deposit Slip Cannot Be Used)**

Return this authorization to:  
Employee Benefits Division  
P.O. Box 15610  
Little Rock, AR 72231-5610



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Department of Finance  
and Administration  
P.O. Box 15610  
Little Rock, Arkansas 72231

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# State of Arkansas Beneficiary Designation and Change Request

Minnesota Life Insurance Company, a Securian Financial Group affiliate  
400 Robert Street North • B2-4930 • St. Paul, Minnesota 55101-2098 • Fax 651-665-4827

**MINNESOTA LIFE**

Policy number <b>33432</b>	Insured		
Insured's telephone number (      )	<input type="checkbox"/> Active <input type="checkbox"/> Retired	Social Security number	Date of birth

Print policyowner's name and address below. New address ☐

## INSTRUCTIONS:

1. Print or type in the space below, the full name, relationship to the employee and share % of each beneficiary to be named.
2. Sign and date the completed form and return it to Minnesota Life.
3. This designation applies to your Basic and any Supplemental coverage.
4. Call 1-866-293-6047 with questions.

## CHANGING YOUR BENEFICIARY REVOKES ALL PRIOR DESIGNATIONS

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive death proceeds. Surviving beneficiaries in any category share equally unless otherwise specified. "Children," used without modification, includes only lawful bodily issue of first generation and legally adopted person. Any policy requiring policy endorsement is waived. This designation, when acknowledged by the Company at its Home Office, is in lieu of endorsement.

Name beneficiaries by category. To receive death proceeds, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death proceeds will be paid as if the insured survived the beneficiary.

Primary beneficiary(ies)		(see examples on following page)
BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP	SHARE % (must total 100%)

Contingent beneficiary(ies)		
BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP	SHARE % (must total 100%)

Policyowner's signature <b>X</b>	Date
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## EXAMPLES OF BENEFICIARY DESIGNATIONS

- If there is only one person designated, you need not designate a contingent. For example: Jane Doe, wife.
- If naming a Formal Trust, the following information is needed:

Full Name of Trustee	Address (if Institution)
Name of Trust	Date of Trust

**Example 1: If only one person is to receive the proceeds.**

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Doe	Daughter	100%

**Example 2: If a primary beneficiary is to receive the proceeds first, followed by a contingent beneficiary, if the primary beneficiary is deceased.**

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe	Wife	100%
Contingent	The then living child or children born of the Insured's marriage with the said Jane Doe.		

**Example 3: The primary beneficiaries receive the proceeds first, followed by the contingent beneficiary, if all primary beneficiaries are deceased.**

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Jane Doe	Wife	100%
Contingent	Nancy Doe	Sister	50%
Contingent	Jim Doe	Father	50%

**Example 4: If a primary beneficiary is to receive the proceeds first, followed by contingent beneficiaries who will share funds according to a specific split, if the primary beneficiary is deceased.**

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	Mary Smith	Friend	75%
Primary	Beth Doe	Daughter	25%
Contingent	Jack Doe	Son	100%

**Example 5: If beneficiary is a formal trust.**

	BENEFICIARY FULL NAME & ADDRESS	RELATIONSHIP TO INSURED	SHARE %
Primary	John Doe - Trustee, his successors or successor in trust under the <b>John Doe Revocable Trust Agreement</b> . Executed by the insured on June 1, 1991.		

**DO NOT SEND COPY OF TRUST UNTIL PRESENTING A CLAIM.**

# EBD

Department of Finance  
and Administration

P.O. Box 15610

Little Rock, Arkansas 72231

PRESORTED  
STANDARD  
U.S. POSTAGE  
**PAID**  
STATE OF  
ARKANSAS

**This publication contains  
important health insurance  
information.**

